

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____		FILING DATE _____	
							APPLICANT(S) _____			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1						51			
2	1						52			
3		2					53			
4		1					54			
5		2					55			
6	1						56			
7	1						57			
8		1					58			
9		1					59			
10		1					60			
11	1						61			
12		1					62			
13		1					63			
14		1					64			
15	1						65			
16		1					66			
17	1						67			
18		1					68			
19		1					69			
20		1					70			
21	1						71			
22		1					72			
23		1					73			
24		1					74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	7						TOTAL IND.			
TOTAL DEP.	17	↓					TOTAL DEP.			
TOTAL CLAIMS	26						TOTAL CLAIMS			